

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Waffling creek

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16920

Registration District No. 41.0.6Registered No. 4.9

(For use of Local Registrar)

(2) Full Name of Child

James Simon

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

4

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

May 29, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Simon

(9) PRESENT POSTOFFICE OF FATHER

Rembert S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

4.2

(Years)

(12) BIRTHPLACE

Sumter Co

(13) OCCUPATION

farmer

(20) Number of children born to mother, including present birth

1.4

MOTHER.

(14) NAME BEFORE MARRIAGE

Ella Gray

(15) PRESENT POSTOFFICE OF MOTHER

Rembert S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

2.8

(Years)

(18) BIRTHPLACE

Sumter Co

(19) OCCUPATION

housewife

(21) Number of children of this mother now living, including present birth

1.4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Ann

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Rembert S.C.

Given name added from a supplemental report

(26) Witness

W.C. Hottle

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

June 7, 1922

(28)

W.C. Hottle

Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WRITTEN PLAINLY. WHEN PLAINLY WRITTEN, THIS FORM IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS, EACH CHILD MUST BE INDICATED BY NAME, SEX, DATE OF BIRTH, AND PLACE OF BIRTH. IN CASE OF TWIN OR TRIPLETS, EACH CHILD MUST BE INDICATED BY NAME, SEX, DATE OF BIRTH, AND PLACE OF BIRTH. IN CASE OF TWIN OR TRIPLETS, EACH CHILD MUST BE INDICATED BY NAME, SEX, DATE OF BIRTH, AND PLACE OF BIRTH.